

C6R49894

Print Form

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☐Report Period: ☐ January/June ☒ July/DecemberType of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

ENT'D FEB 19 2013
 HAND DELIVERED
 130817

RECEIVED JAN 15 2013
 CK# 9518 50-

II Client Information

Name: New York Housing Association, Inc.

Permanent Business Address: 634 Watervliet Shaker Road

City: Latham

State: NY

ZIP code: 12110-3618

Business Phone: 518-867-3242

Fax Number: 518-867-3245

Third Party Beneficiary (see instructions): None

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Greenberg Traurig, LLP

Phone Number: 518-689-1400

Address: 54 State Street, 6th Floor

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$37,500 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$37,500 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

C Itemize each expense exceeding \$75:

PAID TO: None DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$0 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: CHAMPION HOME BUILDERS, INC

or
Single Source Person's Last Name: First Name:

Address: 755 W. BIG BEAVER ROAD

City: TROY State: MI

ZIP code: 48064

Phone: 248-614-8245

Date Contribution Received: 1/17/2012 Amount of Contribution: \$ 323 .00

Date Contribution Received: 2/24/2012 Amount of Contribution: \$ 370 .00

Date Contribution Received: 3/15/2012 Amount of Contribution: \$ 462 .00

Date Contribution Received: 4/13/2012 Amount of Contribution: \$ 416 .00

Date Contribution Received: 4/13/2012 Amount of Contribution: \$ 231 .00

Check here if using section V(C) of the Addendum for additional Contributions:

Contribution(s) Single Source #2

Single Source Entity's Name: COLONY FACTORY CRAFTED HOMES

or
Single Source Person's Last Name: First Name:

Address: 20516 PAINT BLVD

City: SHIPPENVILLE State: PA

ZIP code: 16254

Phone: 800-876-4870

Date Contribution Received: 1/17/2012 Amount of Contribution: \$ 508 .00

Date Contribution Received: 2/24/2012 Amount of Contribution: \$ 323 .00

Date Contribution Received: 3/21/2012 Amount of Contribution: \$ 277 .00

Date Contribution Received: 4/19/2012 Amount of Contribution: \$ 370 .00

Date Contribution Received: 5/24/2012 Amount of Contribution: \$ 416 .00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: THE COMMODORE CORPORATION

or
Single Source Person's Last Name:

First Name:

Address: PO Box 349

City: CHARLTON

State: PA

ZIP code: 16214

Phone: 814-226-9210

Date Contribution Received:	<u>1/17/2012</u>	Amount of Contribution: \$	<u>1618</u> .00
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Date Contribution Received:	<u>2/16/2012</u>	Amount of Contribution: \$	<u>693</u> .00
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Date Contribution Received:	<u>3/21/2012</u>	Amount of Contribution: \$	<u>416</u> .00
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Date Contribution Received:	<u>4/19/2012</u>	Amount of Contribution: \$	<u>693</u> .00
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Date Contribution Received:	<u>5/24/2012</u>	Amount of Contribution: \$	<u>925</u> .00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 4

Single Source Entity's Name: EAGLE RIVER HOMES, LLC

or
Single Source Person's Last Name:

First Name:

Address: PO Box 336

City: LEOLA

State: PA

ZIP code: 17540

Phone: 717-656-2381

Date Contribution Received:	<u>1/17/2012</u>	Amount of Contribution: \$	<u>370</u> .00
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Date Contribution Received:	<u>2/24/2012</u>	Amount of Contribution: \$	<u>323</u> .00
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Date Contribution Received:	<u>3/21/2012</u>	Amount of Contribution: \$	<u>185</u> .00
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Date Contribution Received:	<u>4/19/2012</u>	Amount of Contribution: \$	<u>231</u> .00
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Date Contribution Received:	<u>5/24/2012</u>	Amount of Contribution: \$	<u>462</u> .00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 5

Single Source Entity's Name: FAIRMONT HOMES

or
Single Source Person's Last Name:

First Name:

Address: PO Box 27

City: NAPPANEE

State: IN

ZIP code: 46550

Phone: 574-773-7941

Date Contribution Received:	<u>2/14/2012</u>	Amount of Contribution: \$	<u>185</u> .00
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Date Contribution Received:	<u>3/9/2012</u>	Amount of Contribution: \$	<u>138</u> .00
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Date Contribution Received:	<u>4/9/2012</u>	Amount of Contribution: \$	<u>46</u> .00
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Date Contribution Received:	<u>4/30/2012</u>	Amount of Contribution: \$	<u>277</u> .00
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Date Contribution Received:	<u>5/31/2012</u>	Amount of Contribution: \$	<u>138</u> .00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #6

Single Source Entity's Name: MARLETTE HOMES, INC

or
Single Source Person's Last Name:

First Name:

Address: PO BOX 947

City: LEWISTOWN

State: PA

ZIP code: 17044

Phone: 717-248-5171

Date Contribution Received:	111012012	Amount of Contribution:	\$ 1248.00
Date Contribution Received:	211612012	Amount of Contribution:	\$ 1480.00
Date Contribution Received:	311512012	Amount of Contribution:	\$ 1063.00
Date Contribution Received:	411312012	Amount of Contribution:	\$ 693.00
Date Contribution Received:	511012012	Amount of Contribution:	\$ 740.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source #7

Single Source Entity's Name: RITZ-CRAFT CORPORATION OF PA

or
Single Source Person's Last Name:

First Name:

Address: 15 INDUSTRIAL PARK ROAD

City: MIFFLINBURG

State: PA

ZIP code: 17844

Phone: 570-966-5107

Date Contribution Received:	111712012	Amount of Contribution:	\$ 185.00
Date Contribution Received:	212412012	Amount of Contribution:	\$ 46.00
Date Contribution Received:	311612012	Amount of Contribution:	\$ 138.00
Date Contribution Received:	411912012	Amount of Contribution:	\$ 92.00
Date Contribution Received:	412612012	Amount of Contribution:	\$ 92.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source #8

Single Source Entity's Name: SKYLINE CORPORATION

or
Single Source Person's Last Name:

First Name:

Address: 2520 BY-PASS ROAD

City: ELKHART

State: IN

ZIP code: 46515

Phone: 574-294-6521

Date Contribution Received:	112412012	Amount of Contribution:	\$ 462.00
Date Contribution Received:	212412012	Amount of Contribution:	\$ 138.00
Date Contribution Received:	312112012	Amount of Contribution:	\$ 138.00
Date Contribution Received:	411912012	Amount of Contribution:	\$ 462.00
Date Contribution Received:	511712012	Amount of Contribution:	\$ 462.00

Check here if using section V(C) of the Addendum for additional Contributions:

Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source # 1 pg 2

Single Source (or Related or Affiliated) Entity's Name: CHAMPION HOME BUILDER, INC

or
Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 755 W. BIG BEAVER ROAD

City: TROY

State: MI

ZIP code: 48084

Phone: 248-614-8245

Date Contribution Received:	<u>4/26/2012</u>	Amount of Contribution: \$	<u>643.00</u>
Date Contribution Received:	<u>5/17/2012</u>	Amount of Contribution: \$	<u>925.00</u>
Date Contribution Received:	<u>6/15/2012</u>	Amount of Contribution: \$	<u>447.00</u>
Date Contribution Received:	<u>7/11/2012</u>	Amount of Contribution: \$	<u>832.00</u>
Date Contribution Received:	<u>8/14/2012</u>	Amount of Contribution: \$	<u>1757.00</u>
Date Contribution Received:	<u>8/20/2012</u>	Amount of Contribution: \$	<u>37.00</u>
Date Contribution Received:	<u>9/17/2012</u>	Amount of Contribution: \$	<u>1248.00</u>
Date Contribution Received:	<u>10/10/2012</u>	Amount of Contribution: \$	<u>447.00</u>
Date Contribution Received:	<u>11/19/2012</u>	Amount of Contribution: \$	<u>693.00</u>
Date Contribution Received:	<u>12/18/2012</u>	Amount of Contribution: \$	<u>740.00</u>
Date Contribution Received:	<u>1/12/2012</u>	Amount of Contribution: \$	<u>370.00</u>
Date Contribution Received:	<u>2/16/2012</u>	Amount of Contribution: \$	<u>185.00</u>
Date Contribution Received:	<u>3/15/2012</u>	Amount of Contribution: \$	<u>138.00</u>
Date Contribution Received:	<u>4/13/2012</u>	Amount of Contribution: \$	<u>138.00</u>
Date Contribution Received:	<u>5/17/2012</u>	Amount of Contribution: \$	<u>92.00</u>
Date Contribution Received:	<u>6/20/2012</u>	Amount of Contribution: \$	<u>46.00</u>
Date Contribution Received:	<u>7/11/2012</u>	Amount of Contribution: \$	<u>323.00</u>
Date Contribution Received:	<u>8/14/2012</u>	Amount of Contribution: \$	<u>185.00</u>
Date Contribution Received:	<u>9/17/2012</u>	Amount of Contribution: \$	<u>277.00</u>
Date Contribution Received:	<u>10/10/2012</u>	Amount of Contribution: \$	<u>185.00</u>
Date Contribution Received:	<u>11/10/2012</u>	Amount of Contribution: \$	<u>277.00</u>
Date Contribution Received:	<u>12/13/2012</u>	Amount of Contribution: \$	<u>231.00</u>
Date Contribution Received:	<u>1/13/2012</u>	Amount of Contribution: \$	<u>508.00</u>
Date Contribution Received:	<u>2/24/2012</u>	Amount of Contribution: \$	<u>508.00</u>
Date Contribution Received:	<u>2/29/2012</u>	Amount of Contribution: \$	<u>555.00</u>
Date Contribution Received:	<u>4/15/2012</u>	Amount of Contribution: \$	<u>1110.00</u>
Date Contribution Received:	<u>9/17/2012</u>	Amount of Contribution: \$	<u>1526.00</u>
Date Contribution Received:	<u>10/10/2012</u>	Amount of Contribution: \$	<u>1341.00</u>

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 2

or
Single Source (or Related or Affiliated)Person's Last Name:

Address: 20510 PAINT BLVD

City: SHIPPENVILLE

State: PA

ZIP code: 16254

Phone: 800-876-6870

Date Contribution Received: 6/20/2012 Amount of Contribution: \$ 462.00

Date Contribution Received: 7 / 20 / 2012 Amount of Contribution: \$ 555.00

Date Contribution Received: 8/17/2012 Amount of Contribution: \$ 390.00

Date Contribution Received: 9/17/2012 Amount of Contribution: \$ 277.00

Date Contribution Received: 10/25/2012 Amount of Contribution: \$ 647.00

Date Contribution Received: 11/19/2012 Amount of Contribution: \$ 323.00

Date Contribution Received: 12/18/2012 Amount of Contribution: \$ 601.00

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Date Contribution Received:	7/1/11	Amount of Contribution:	\$ 100.00
Date Contribution Received:	7/1/11	Amount of Contribution:	\$ 100.00

Date Contribution Received:	7/1/2017	Amount of Contribution:	\$ 100.00
		Amount of Contribution:	\$ 00.00

Date Contribution Received:	7/1/11	Amount of Contribution:	\$100.00
		Amount of Contribution:	\$0.00

Date Contribution Received:	7/1/2017	Amount of Contribution:	\$ 100.00
		Amount of Contribution:	\$ 0.00

Date Contribution Received: / / Amount of Contribution: \$

Amount of Contribution: \$

Date Contribution Received: / / Amount of Contribution: \$.00

Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source # 4

Single Source(or Related or Affiliated) Entity's Name: EAGLE RIVER HOMES LLC pg 2

or
Single Source (or Related or Affiliated)Person's Last Name:

First Name:

Address: PU BOY 336

City: LEO LA

State: PA

ZIP code: 17540

Phone:

Date Contribution Received: 6/20/2012 Amount of Contribution: \$ 231.00

Date Contribution Received: 7/31/2012 Amount of Contribution: \$ 138.00

Date Contribution Received: 8/30/2012 Amount of Contribution: \$ 333.00

Date Contribution Received: 9/17/2012 Amount of Contribution: \$ 277.00

Date Contribution Received: 10/19/2012 Amount of Contribution: \$ 740.00

Date Contribution Received: 11 / 19 / 2012 Amount of Contribution: \$ 748.00

Date Contribution Received: 12/18/2012 Amount of Contribution: \$ 402.00

Date Contribution Received: / / Amount of Contribution: \$.00

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 5

pg 2

Address: PO Box 27

City: NAPPANEE

State: 1N

ZIP code: 44550

Phone: 574-773-7941

Date Contribution Received: 7/11/2012 Amount of Contribution: \$ 231.00

Date Contribution Received: 8/10/2012 Amount of Contribution: \$ 9.2 .00

Date Contribution Received: 8/30/2012 Amount of Contribution: \$ 2,311.00

Date Contribution Received: 9/12/2012 Amount of Contribution: \$ 138.00

Date Contribution Received: 10/31/2012 Amount of Contribution: \$ 185.00

Date Contribution Received: 11/29/2012 Amount of Contribution: \$ 323.00

Date Contribution Received: 12/28/2012 Amount of Contribution: \$ 92.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

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Date Contribution Received:	/	/	Amount of Contribution:	\$.00

Date Contribution Received:	7	7	Amount of Contribution:	\$	100
Date Contribution Received:	7	7	Amount of Contribution:	\$	100

Date Contribution Received:	7/7/2017	Amount of Contribution:	\$ 100.00
Date Contribution Received:	7/7/2017	Amount of Contribution:	\$ 100.00

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Date Contribution Received: / / Amount of Contribution: \$.00

VI Subjects lobbied:

Issues related to the manufactured/modular housing industry

☐ Continued on attached pages**VII** Person, State Agency, Municipality or Legislative Body lobbied:

Senate, Division of Housing and Community Relations, NYS DOT

☐ Continued on attached pages**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A5029, S3177, S4126, Potential regulatory amendments related to the transportation of manufactured homes

☐ Continued on attached pages**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

PRINT NAME: LAST Geer

TITLE: Executive Director

DATE:

FIRST Nancy

Mark One:



Chief Administrative Officer



Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.